



Fight for What Counts

Maximizing the Global Fund Opportunities to End Tuberculosis in Children and Adolescents

CHECKLIST FOR ACTIVITIES AND INTERVENTIONS TO BE INCLUDED IN GLOBAL FUND PROPOSALS FOR STRENGTHENING THE MANAGEMENT OF TUBERCULOSIS IN CHILDREN AND ADOLESCENTS

The purpose of this checklist is to provide a list of key activities and interventions related to the prevention and management of tuberculosis (TB) in children and adolescents. These key activities and interventions should be considered for inclusion in Global Fund country proposals to strengthen programming for addressing TB in children and adolescents and for closing persistent policy-practice gaps.

Criteria for the interventions/activities included in this checklist:

- Activities and interventions that are aligned with the latest World Health Organization (WHO) guidelines on the management of TB in children and adolescents ([WHO consolidated guidelines on tuberculosis—Module 5: management of tuberculosis in children and adolescents](#); and the companion [Operational Handbook](#)).
- Activities and interventions that are aligned with the *Global Fund TB Information Note*, [Modular Framework Handbook](#), and *TB Program Essentials*.
- Focus on interventions and activities that are specifically needed for the provision of improved TB care for children (ages 0-9 years) and adolescents (ages 10-19 years). Interventions and activities that are relevant across all age bands (including, but not limited to, sample transportation networks, infection control measures, and procurement of laboratory equipment and consumables) have not been included in this document.

Target Audience:

- National TB Programs (NTP), as well as organizations and technical experts at the national, regional, and global levels who will be involved at various stages during the development and review of proposals (e.g., in the funding request, in the grant making, and/or in the grant review process).

Management of TB in children and adolescents: national platforms, training, and capacity building

Item	Included in the proposal? (YES/NO/Partially)	Comments (for items not included, please specify if the activities and costs are covered through other grants/resources)
Support for meetings of the national technical working group on TB in children and adolescents		
Salary of the NTP focal person for the management of TB in children and adolescents		
Support the establishment of a national expert group on the management of TB in children and adolescents for knowledge sharing, case discussions, and support in management of complicated cases		
Financial and human resources support for the process of revisions to national guidelines on the management of TB in children and adolescents, ensuring alignment with the latest WHO guidance released in March 2022 (applicable to countries where the guidelines have not been updated yet)		
Budget for the update and country adaptation of training materials on the management of TB in children and adolescents, aligned with updated guidelines (slide decks, job aids, standard operating procedures (SOPs)) ¹		
Budget for national rollout of a comprehensive training program on the management of TB in children and adolescents for health care workers (HCWs) (from training of trainers to facility-level trainings for frontline staff across all levels of the health care system)		
Budget for national rollout of TB trainings for community health workers (CHWs)		
Budget for trainings on pediatric sample collection procedures, including stool (covering specimen collection, storage, and transportation and processing). Trainings should target both clinical and laboratory staff.		
Budget for trainings on chest X-ray (CXR) to aid in diagnosis and assess severity of TB disease in children and adolescents		
Budget for regular site support, mentorship, and supervision of the management of TB in children and adolescents, including clinical mentorship		
Implementation of quality improvement (QI) programs focused on TB care for children and adolescents		

¹ WHO is currently developing updated training material aligned with the latest guidelines for child and adolescent TB released in March 2022. While it is acknowledged that in the funding request only an overarching budget on training maybe included, it is critical that in the process of building that budget the specific activities and materials related to the rollout of a nation-wide training program focused on the management of TB in children and adolescents are taken in consideration and costed for.

Management of TB in children and adolescents: case finding

Item/Intervention	Included in the proposal? (YES/NO/Partially)	Comments (for items not included, please specify if the activities and costs are covered through other grants/resources)
<p>Integration of TB screening at different child health entry points (outpatient departments, in-patient departments, maternal and child health, HIV, and nutrition services) with linkage to TB services. Key elements to be considered include:</p> <ul style="list-style-type: none"> • Printing of job aids/simple screening tools to support TB screening in children • Salaries for lay workers who can (a) support TB screening in triage/waiting areas, particularly in high-volume entry points; and (b) facilitate linkages between child health services and TB-related services (i.e., sample collection and diagnostic services, TB clinics) 		
<p>Implementation of systematic TB screening for children diagnosed with severe acute malnutrition, HIV, and other comorbidities recognized as major risk-factors for TB (across all levels of the health care system)</p>		
<p>Community-based contact investigation of household and close contacts of all TB index cases</p>		
<p>Financial resources for CHWs to perform community-based contact investigation and screening, including stipends and reimbursement of food, transport, and communication costs</p>		

Management of TB in children and adolescents: TB preventive treatment (TPT)

Item/Intervention	Included in the proposal? (YES/NO/Partially)	Comments (for items not included, please specify if the activities and costs are covered through other grants/resources)
Development of information, education and communication (IEC) materials for caregivers and TB patients on the importance of TPT for all eligible contacts		
Sensitization campaigns targeting affected communities on TB and on the importance of TB preventive treatment for eligible contacts		
Collaboration with Ministries of Education and implementation of differentiated service delivery models of TPT for school-age children and adolescents		
Development and printing of TPT cards and all forms and registers needed to record and monitor contact investigation interventions, TPT provision to contacts, TPT provision to people living with HIV, including children and adolescents		
Development and printing of job aids to support the use of shorter TPT regimens for child and adolescent contacts, which improve TPT adherence and completion (3 HR, 3HP, or 1 HP; please refer to <i>WHO Operational Handbook's Module 5: Management of TB in children and adolescents for further guidance</i>)		
Implementation of family-centered, community-based models for treatment monitoring and adherence support; drug sensitive-TB (DS-TB) treatment monitoring support for the index case and TPT monitoring and adherence support for household contacts		
Financial resources for CHWs' stipends, as well as reimbursement for food, transport, and airtime costs to staff supporting community-based and family-centered models for TPT monitoring and adherence support		

Management of TB in children and adolescents: diagnosis

Item/Intervention	Included in the proposal? (YES/NO/Partially)	Comments (for items not included, please specify if the activities and costs are covered through other grants/resources)
Implementation of integrated TB treatment decision algorithms for pulmonary TB in children ages 0-10 years (under routine care or operational research settings)		
Development and printing of SOPs, job aids, and other relevant material to support the implementation of integrated TB treatment decision algorithms		
Implementation of sample collection procedures for Xpert MTB/RIF or Ultra ² testing (i.e., gastric aspiration, nasopharyngeal aspirate, stool) at the different levels of the health care system		
Implementation of the urine -based LF-LAM assay in the diagnostic workup of children and adolescents with HIV		
Facility-level upgrades for implementation of pediatric sample collection procedures (e.g., infection control requirements, refrigerators for storage of samples)		
Strengthening of sample transportation networks to accommodate frequency and transport conditions needed for respiratory specimen, such as gastric aspirates and nasopharyngeal aspirates		
Subsidies for CXR fees, as CXR taken for TB diagnosis or screening should be free-of-charge		
Infrastructure upgrades for transfer of CXR digital images (if procurement of digital CXR devices is planned)		
Teleradiology networks to support CXR interpretation for diagnosis of TB in children and adolescents		

2 Only Xpert MTB/RIF and/or Ultra have been mentioned in this Checklist because only these assays have been currently evaluated and recommended for use with the sample types most commonly used diagnosis of TB in children (gastric aspirates, nasopharyngeal aspirates, stool). Additional NAAT technologies will be considered once evidence on performance on sample types used for diagnosis of TB in children will become available.

Management of TB in children and adolescents: procurement of commodities

Item	Included in the proposal? (YES/NO/Partially)	Comments (for items not included, please specify if the activities and costs are covered through other grants/resources)
Devices and consumables for sample collection procedures (e.g., NPA, GA, stool)		
Personal protective equipment for performance of sample collection procedures for diagnosis of TB in children		
INH 100 mg dispersible tablet		
2-FDC RH 75/50 mg dispersible tablet for TB preventive treatment		
3-FDC RHZ 75/50/150 mg and 2-FDC RH 75/50mg dispersible tablets for treatment of drug sensitive TB		
EMB 100 mg dispersible tablet		
Procurement of 2-FDC RH 75/50 mg dispersible tablet, pyrazinamide 150 mg dispersible tablet, and ethionamide 125 mg dispersible tablet for the treatment of TB meningitis (6HRZEto)		
If national policies recommend use of shorter 2HPZM/2HPM for people aged above 12 years, quantification of drugs for this regimen includes adolescents aged older than 12 years		
Pediatric formulations for DR-TB treatment drugs (see footnote) ³		
Quantification of LF-LAM includes children with advance HIV disease (AHD)		
Quantification of Xpert MTB/RIF and/or Ultra cartridges, with visible inclusion of estimated needs for testing of children and adolescents		
Mid-upper-arm-circumference (MUAC) tape		
Weight scale		

³ Bedaquiline 20 mg uncoated tablet; delamanid 25 mg dispersible tablet; levofloxacin 100 mg dispersible tablet; moxifloxacin 100 mg dispersible tablet; pyrazinamide 150 mg dispersible tablet; clofazimine 50 mg, film coated tablet.; clofazimine 50 mg capsule; linezolid 150 mg dispersible tablet, cycloserine 125 mg dispersible tablet; ethionamide 125 mg dispersible tablet; ethambutol 100mg dispersible tablet, isoniazid 100 mg dispersible tablet. (please see also Stop TB Partnership Global Drug Facility Medicines Catalogue (December 2022), available at https://www.stoptb.org/sites/default/files/gdfmedicinescatalog_1.pdf)

Management of TB in children and adolescents: Areas that may require technical assistance

Possible areas for technical assistance
Development of updated national guidelines on the management of TB in children and adolescents, aligned with latest WHO guidance released in March 2022
Development of updated and country-adapted training materials on the management of TB in children and adolescents, including material for CXR trainings and trainings on sample collection procedures
Development of nation-wide training programs on the management of TB in children and adolescents, including the related budget
Implementation plans and pragmatic roadmaps for improved integration of pediatric TB care in the integrated management of childhood illness (IMCI) package of care, as well as in antenatal and child health care service delivery points across different levels of the health care system
Implementation plans and pragmatic roadmaps for the introduction and scale up of diagnostic approaches to identify children and adolescents with TB (i.e., introduction of integrated TB treatment decision algorithms for children under the age of 10 years with presumptive pulmonary TB; use of stool as a sample for Xpert testing; TB diagnostic approaches in children with comorbidities, such as severe acute malnutrition and severe pneumonia)
Implementation plans for community-based and family-centered approaches for contact investigation and TPT management
Implementation plans for decentralization of capacity to manage TB in children and adolescents
Implementation plans for DR-TB services for children and adolescents (diagnosis, treatment, adherence support, and prevention for child and adolescent contacts of DR-TB index patients)
Procurement forecasts for pediatric FDCs and EMB 100 mg dispersible tablet if the four-month regimen is introduced
Procurement forecasts for all-oral pediatric formulations of second-line TB drugs
Development and implementation of QI approaches for interventions to manage TB in children and adolescents, including, but not limited to, quality of care assessments, process and root cause analyses, QI projects, learning collaboratives, and client-engagement activities

Abbreviations:

AHD: advance HIV disease

CHWs: community health care workers

CXR: chest X-Ray

DR: drug-resistant

DS: drug-sensitive

EMB: ethambutol

FDC: fixed dose combination

GA: gastric aspirate

HCWs: health care workers

HIV: human immunodeficiency virus

IEC: information, education and communication

INH: isoniazid

LF-LAM: lateral flow urine lipoarabinomannan assay

MDR: multidrug resistant

MUAC: mid-upper-arm-circumference

NPA: nasopharyngeal aspirate

NTP: national TB program

RR: rifampicin resistant

SOP: standard operating procedure

TB: tuberculosis

TPT: TB preventive treatment

WHO: World Health Organization